

IN THE MATTER OF: THE REGULATED HEALTH PROFESSIONS ACT  
("RHPA");

AND IN THE MATTER OF: DR. DAVID HOWELL AMES, a member of the College  
of Physicians & Surgeons of Manitoba

**Inquiry Panel:**

Dr. Lewis Samuels, Chairperson

Dr. Hillel Sommer

Ms. Diana Yelland, Public Representative

**Counsel for the Investigation Committee of the College of Physicians & Surgeons  
of Manitoba:**

Lynne Arnason

Jocelyne Ritchot

**Counsel for the Member, Dr. David Howell Ames:**

Helga Van Iderstine

Richard Bars

**Counsel for the Inquiry Panel:**

Blair Graham

**REASONS FOR DECISION OF AN INQUIRY PANEL OF THE COLLEGE OF  
PHYSICIANS AND SURGEONS OF MANITOBA RE: PENALTIES**

## INTRODUCTION

On January 21, 2022 the Inquiry Panel (the “Panel”) convened a hearing by videoconference for the purpose of receiving evidence (in the form of a Book of Agreed Documents) and hearing submissions from counsel for the parties with respect to the orders which should be made under S. 126 of the *Regulated Health Professions Act* (the “*RHPA*”) arising from the Decision of the Panel dated September 23, 2021 (the “Decision”). In the Decision, Dr. Ames had been found guilty of committing professional misconduct and engaging in conduct unbecoming a member by:

- 1) failing to maintain appropriate professional boundaries and of exploiting a patient for his personal advantage; and
- 2) attempting to mislead the College in both his written communications and in his interview with the Investigation Committee of the College.

At the hearing on January 21, 2022, the Panel also received submissions from counsel for the parties with respect to the costs to be paid by Dr. Ames pursuant to S. 127 of the *RHPA*.

In the Decision dated September 23, 2021, the Panel specifically found Dr. Ames guilty of complimenting a patient (“Patient A”) about her physical appearance or making comments of a sexual nature to her during clinical encounters, of inappropriately communicating with Patient A via text or on an instant messaging application, of sending a photograph of male genitalia to Patient A and of encouraging Patient A to send him (or implying to her that he was receptive to receiving) nude photographs of herself.

The Panel also found Dr. Ames guilty of attempting to mislead the College in a number of specific ways as more particularly outlined in the Decision.

Dr. Ames was acquitted by the Panel of making sexual contact with Patient A during a physical examination on or about May 28, 2019 and of having demonstrated unfitness to practice medicine.

Based on the Panel’s Decision and its specific findings relating to the allegations in the Amended Notice of Inquiry, the Investigation Committee submitted that appropriate orders under S. 126 of the *RHPA* should consist of:

- 1) a reprimand;
- 2) a suspension of Dr. Ames from the practice of medicine for a period of 12 months;
- 3) Dr. Ames remaining suspended until such time as he had participated in a multi-disciplinary assessment approved by the Investigation Chair of the College and the results of the assessment had been provided to the Investigation Chair for

consideration of what, if any, conditions should be imposed on Dr. Ames' practice and Dr. Ames had completed remedial courses in both maintaining appropriate boundaries and professional ethics as approved by the Investigation Chair;

- 4) the imposition of various conditions upon Dr. Ames' entitlement to practice medicine upon his return to practice;
- 5) the payment by Dr. Ames of all costs arising from or incidental to the above-noted conditions;
- 6) publication of the results of these proceedings as determined by the Registrar of the College in consultation with the Investigation Chair;
- 7) the College, at its discretion, being able to provide information regarding these dispositions to such persons or bodies as it considers appropriate.

The Investigation Committee also submitted that pursuant to s. 127 of the *RHPA*, Dr. Ames should be required to make a contribution to the College's costs in the amount of \$100,000.

In contrast, counsel for Dr. Ames submitted that an appropriate disposition pursuant to S. 126 of the *RHPA* would consist of:

- 1) a reprimand;
- 2) a suspension of Dr. Ames from the practice of medicine for two months;
- 3) the provision of an undertaking by Dr. Ames requiring him to complete a well-recognized professional boundaries course and acceptance of certain conditions on his entitlement to practice medicine for a period of five years; and
- 4) publication of the findings and orders of the Panel, including reference to Dr. Ames by name, in accordance with the *RHPA*.

Counsel for Dr. Ames also submitted that he should not be required to pay any portion of the College's costs relating to these proceedings.

#### THE OBJECTIVES OF ORDERS UNDER S. 126 OF THE *RHPA*

The parties provided the Panel with various authorities outlining the various factors which should be considered when determining the types of orders to be made as a result of findings of guilt in professional regulatory proceedings.

Although different authorities have described the factors to be considered in somewhat different ways, the Panel has undertaken the process of determining the orders to be granted in this case with a view to fulfilling the following objectives:

- 1) the protection of the public;
- 2) the punishment of Dr. Ames;

- 3) specific deterrence of Dr. Ames;
- 4) general deterrence;
- 5) the preservation of the public's confidence in the medical profession's ability to govern itself;
- 6) the rehabilitation of Dr. Ames;
- 7) proportionality of the penalty to the misconduct in question;
- 8) consistency, achieved by imposing similar sanctions for similar misconduct in prior cases.

The above-noted objectives have been considered within the specific factual context of this case and the findings of fact made by the Panel as set forth in their Decision, including the nature of the misconduct and the circumstances in which it occurred.

The above-noted objectives fall into two broad categories, the protection of the public (which will often involve both remedial and preventative elements) and the punishment of the physician involved for his or her misconduct. Some of the measures being proposed by the parties in this case, such as a suspension of Dr. Ames from the practice of medicine for a period of time, are both protective of the public and punitive.

## THE ORDERS TO BE GRANTED UNDER S.126 OF THE *RHPA*

### A Reprimand

The parties are in agreement that a reprimand is appropriate in this case. Such a reprimand is not merely an admonishment. Rather it is a condemnation of Dr. Ames' misconduct by a Panel of his peers supported by a public representative and a declaration that his conduct and behavior fell significantly short of an acceptable professional standard.

### A Suspension

The parties are also in agreement that a suspension is appropriate, but they disagree to a significant degree over the length of the suspension. Their disagreement essentially relates to their differing views with respect to the gravity of Dr. Ames' misconduct.

Counsel for Dr. Ames emphasized that prior to this case, Dr. Ames had an unblemished disciplinary record and the circumstances involving Patient A appear to be isolated in the sense that similar misconduct has not occurred with other patients. Counsel for Dr. Ames also submitted that no sexual touching occurred, and when compared to the misconduct

involved in the other cases referred to by the parties, Dr. Ames' misconduct was less serious than that involved in most of the other cases. Therefore any suspension should be on the low end of the "scale" identified in those cases.

Counsel for the Investigation Committee submits that Dr. Ames' misconduct was extremely serious as reflected in the Panel's numerous findings, including Dr. Ames' undoubted responsibility for all the boundary violations which occurred both during clinical encounters and otherwise, his participation in the sexualized text messages and his transmission of a photograph of a male penis to Patient A. The seriousness of those boundary violations was compounded by Dr. Ames' deliberate attempts to mislead the College, which in turn were made worse by his efforts to minimize his responsibility for what had occurred by placing part of the blame on Patient A.

The Panel is satisfied that Dr. Ames' misconduct was very serious and much more so than suggested by his counsel. In addition to the foregoing considerations, Dr. Ames' misconduct was particularly concerning because of his failure to appreciate the significance of Patient A being a patient, and his disregard for her vulnerability. The pain she was experiencing and the extent to which her normal living activities had been significantly disrupted meant that she was desperate for assistance when she was referred to Dr. Ames. The power imbalance in their relationship was pronounced and Dr. Ames was either oblivious to it, or exploited it for his own gratification.

Dr. Ames' attempts to mislead the College throughout a series of letters and an interview were inherently dishonest. His reluctance to admit the full extent of his misconduct was not merely the product of shame or embarrassment but was part of a calculated effort to minimize the penalties which might be imposed upon him, even if that meant portraying Patient A in an unfavorable light.

Accordingly, the Panel has concluded that a suspension of two months, as suggested by counsel for Dr. Ames, would be entirely inadequate in the circumstances of this case. The Panel has considered the cases relied upon by Dr. Ames. Many of those cases involved various types of sexual misconduct with patients which could be regarded as comparable or more serious than the misconduct of Dr. Ames, and yet only resulted in suspensions ranging from one month to six months.

However the cases involving suspensions of less than six months are not directly comparable because the physicians in those cases did not mislead the College or attempt to lessen their responsibility by discrediting their patients.

Counsel for the Investigation Committee asserts that a case which is analogous (and which should be relied upon in determining the length of suspension and some of the

other remedial measures to be imposed in this case) is the 2018 decision of another Inquiry Panel of this College in Re: Din 2018 (MB CPSDC).

There are similarities between the two cases. The Din case involved inappropriate communications both within and outside a clinical setting in the absence of sexual touching and attempts to mislead the College in its investigation. However there were also differences. Dr. Din's actions could be reasonably regarded as more offensive than those of Dr. Ames. In the Din case the patient was a minor (first seen by the physician when she was 16) and was experiencing personal issues affecting her mental and emotional health. In that context, the physician inappropriately prescribed medications, the ingestion of excessive quantities of which resulted in her hospitalization. The physician's boundary violations included seeing the patient outside of a clinical setting on at least five occasions, giving her expensive gifts and offering to loan her \$4,000 to assist in the purchase of a car. In addition to misleading the College in its investigation, Dr. Din also breached an undertaking to the College by seeing patients without a supervisor being present on site.

It is also noteworthy that the Din case involved a joint recommendation, not only with respect to the length of suspension, but also with respect to various other conditions on the physician's right to practice, including participation in ongoing psychiatric treatment and counselling and restrictions on his prescribing practices. The joint recommendation indicates that the physician involved had acknowledged that he was experiencing problems which required psychiatric treatment and that a 12-month suspension (in addition to a period when he had been out of practice) was appropriate both in terms of a punishment but also in terms of protecting the public.

In contrast, Dr. Ames has continuously practiced medicine throughout the investigation and inquiry phases of these proceedings and the Panel received no evidence that Dr. Ames is suffering from any physical or mental condition impairing his ability to practice medicine.

Accordingly the Panel has concluded that a 12-month suspension as sought by the Investigation Committee would be disproportionate in the circumstances in this case.

Having considered the specific factual findings made against Dr Ames, the suspensions imposed in the other cases referred to by the parties, and having regard to the other orders it will be making in this case under S. 126 of the *RHPA*, the Panel has determined that Dr. Ames shall be suspended from the practice of medicine for a period of six months pursuant to S. 126 (1) (b) of the *RHPA*.

## An Assessment

The Investigation Committee submits that the Panel must require Dr. Ames to undergo a multi-disciplinary assessment to be approved by the Investigation Chair to address what, if any, psychological or psychiatric conditions may have caused or contributed to Dr. Ames' misconduct and to address his remedial prospects and his risk of reoffending.

Dr. Ames submits that no such assessment is required and further argues that in the absence of any evidence that he is suffering from any psychological or psychiatric condition, the Panel lacks the jurisdiction and authority to make such an order.

In support of its position the Investigation Committee emphasizes that a primary responsibility of the College is the protection of the public and that one of the primary objectives of orders under S. 126 of the *RHPA* is the protection of the public. In order to properly protect the public the College must be able to assess the risk of Dr. Ames reoffending, and it cannot do so in the absence of a comprehensive assessment. According to the Investigation Committee, Dr. Ames could have introduced evidence to explain the causes of his misconduct, and the steps he has taken to address those issues, or he could have introduced evidence to demonstrate he has now acquired a better understanding of the importance of maintaining professional boundaries. The purpose of such evidence would be to show the Panel that there is a minimal risk that he will reoffend.

However, the only evidence which Dr. Ames introduced was a letter dated January 10, 2022 from a psychiatric nurse, who did not have the authority or credentials to diagnose an underlying psychiatric condition. As counsel for the Investigation Committee observed, the letter was not an endorsement of Dr. Ames' depth of understanding of his own misconduct. The letter did not refer to any testing having been done or that any therapy which had been provided had focused on boundary violations.

Counsel for the Investigation Committee argued that to fulfill its public protection mandate, the Panel must order that an assessment be conducted. Counsel also argued that the Panel has the authority and jurisdiction to grant such an order under S. 126 (1) (c) of the *RHPA* (which refers to suspending a member's registration or certificate of practice until certain conditions have been fulfilled) and S. 126 (1) (f) of the *RHPA* (which refers to imposing conditions upon a member's right to practice).

Counsel for Dr. Ames forcefully disagreed with those submissions, arguing, among other things, that:

- 1) there was no evidence before the Panel that Dr. Ames is or may be suffering from any psychiatric or psychological condition;

- 2) the Panel cannot infer risk to the public without tangible evidence of such risk;
- 3) it is not the obligation of a physician charged with misconduct to provide evidence in support of what the College is seeking in terms of penalty;
- 4) during the course of these proceedings, Dr. Ames has been practicing medicine pursuant to an undertaking, whereby he has agreed to do certain things to address issues relating to public protection, and that the College was satisfied with that undertaking. The undertaking was effective since no further problems have occurred. Dr. Ames' proposal as to disposition contemplates a similar undertaking being in place for a further five years;
- 5) the conditions specifically referred to in both S. 126 (1) (c) and (f) of the *RHPA* do not include mention of an assessment as sought by the Investigation Committee.

In addition to the foregoing arguments, counsel for Dr. Ames maintained that the type of assessment being sought by the College should only be required in two circumstances, namely if it has been established that:

- 1) Dr. Ames does not understand professional boundaries; and / or,
- 2) Dr. Ames is suffering from an underlying illness or disorder which may have caused or contributed to his misconduct.

Counsel for Dr. Ames insisted that he does understand professional boundaries and that there is no evidence of an underlying illness or disorder. Therefore an assessment is not required.

The Panel respectfully disagrees. Although Dr. Ames now asserts that he understands professional boundaries, his actions indicate otherwise.

Evidence before the Panel indicated that immediately after his first consultation with Patient A he was exploring the possibility of a "threesome" with Patient A and her friend, with whom Dr. Ames had had a prior romantic relationship.

When asked in cross-examination whether he had considered the appropriateness of his sexualized texts with Patient A in the context of her being a patient, Dr. Ames' troubling answer (commented on by the Panel in the Decision) was "I did afterwards".

Dr. Ames also mischaracterized Patient A's behavior in his communications with the College in order to suggest she was partially responsible for the boundary violations which occurred and to lessen his culpability for his own misconduct.

All the evidence is indicative of a physician with a flawed understanding of his responsibility for maintaining professional boundaries. His statement that he has now



developed the appropriate insights, when assessed in relation to his past misconduct, does not support a finding that he understands professional boundaries. The report dated January 10, 2022 from the psychiatric nurse does not provide assurance in that regard. The report also does not provide sufficient information as to the type of treatment or counselling which was provided to enable the Panel to assess the risk of Dr. Ames reoffending.

Dr. Ames' behaviour was sufficiently unusual and alarming so as to raise concern about its cause. An understanding of the cause of his misconduct is an essential element of assessing the risk to the public in allowing Dr Ames to return to the practice of medicine and is necessary to identify the measures which may be reasonably taken to minimize any such risks.

The Panel therefore accepts the Investigation Committee's submissions that an assessment should be undertaken to determine what, if any, psychological or psychiatric conditions may have caused or contributed to Dr. Ames' misconduct. The Panel has also concluded that it has the requisite jurisdiction and authority to order such an assessment under S. 126 (1) (c) and S. 126 (1) (f) of the *RHPA*. The provisions of S. 126 (1) (d) and (g) support this conclusion.

The Panel is not convinced that a "multi-disciplinary" assessment is required. Instead an assessment conducted by a psychiatrist or psychologist (with experience in assessing professionals who have committed boundary violations similar to those proven in these proceedings) approved by the Investigation Chair is to be undertaken. The other elements of the assessment proposed by the Investigation Committee are reasonable and will form part of the order(s) to be granted by the Panel.

## CONDITIONS/ UNDERTAKINGS

The additional conditions proposed by the Investigation Committee and the alternate undertaking(s) proposed by Dr. Ames are also designed to address the objective of public protection and the related concept of maintaining the public's faith in the medical profession's ability to regulate itself. Apart from the issue of signage, and the monitoring of Dr. Ames' compliance, there is little difference in substance between the conditions proposed by the Investigation Committee and the undertaking proposed by Dr. Ames.

The Panel has decided that these additional protective measures should be imposed as conditions on Dr. Ames' ability to practice medicine and that those conditions should be contained within the order(s) granted by this Panel. Therefore the conditions proposed by

the Investigation Committee will be imposed as part of the Panel's order, except that all references to a "practice supervisor" will be replaced with the phrase "practice monitor".

## PUBLICATION

The parties are in agreement that there will be publication as set out in the *RHPA* which shall include Dr. Ames' name. Publication is so ordered.

## COSTS

There was substantial disagreement between the parties with respect to Dr. Ames' responsibility for the costs of these proceedings.

The costs of these proceedings can be divided into three categories, namely the investigation costs (including the costs of the Investigator and the costs of the College's legal counsel relating to the investigation), the hearing costs (including the court reporter and transcript costs, the costs of the College's legal counsel and the Panel's legal counsel and the costs of the Panel members) and the costs of the penalty hearing including the costs related to the provision of these Reasons.

Counsel for Dr. Ames asserted that after the investigation was substantially concluded, the hearing proceeded primarily because the College was insistent on trying to prove that Dr. Ames had made sexual contact with Patient A on May 28, 2019 and that he had demonstrated an unfitness to practice medicine. The College ultimately failed to prove those allegations and it would therefore be unfair for Dr. Ames to bear any part of the hearing costs.

Counsel for the Investigation Committee responded by arguing but it was also necessary to proceed in order to establish the full nature and extent of Dr. Ames' efforts to mislead the College and to provide the Panel with the full factual background of what had occurred in order to prevent Dr Ames from minimizing the seriousness of his misconduct. Therefore Dr. Ames should bear the major portion of the costs of these proceedings, rather than the profession as a whole.

The Panel is of the view that the investigation of these matters was clearly necessary and that, in the absence of a guilty plea to Counts 1 and 2 of the Amended Notice of Inquiry, it was reasonable for the College to proceed to a hearing.

Nonetheless the Panel has concluded that a reduction in the amount of costs is warranted to account for the mixed result of the hearing (Dr. Ames was successful in defending

some of the serious allegations against him) and the fact that the Investigation Committee's cost for legal counsel was a salary cost, a portion of which can be regarded as part of the necessary overhead of a professional regulator.

The Panel has concluded that Dr. Ames shall pay costs in the total amount of \$65,000, inclusive of disbursements, broken down between investigation costs (\$7,500) inquiry hearing costs (\$45,000) and costs for the penalty hearing (\$12,500).

## DECISION

The Panel orders that:

- 1) Dr. Ames is reprimanded pursuant to S. 126 (1) (a) of the *RHPA*;
- 2) Dr. Ames is suspended from the practice of medicine for a period of six months from and after February 1, 2022 pursuant to S. 126 (1) (b) of the *RHPA*;
- 3) notwithstanding the six-month suspension, pursuant to S. 126 (1) (c) of the *RHPA*, Dr. Ames will remain suspended until such time that he has:
  - a) been assessed by a psychiatrist or psychologist with experience in assessing professionals who have committed boundary violations similar to those proven against Dr. Ames in these proceedings. The assessor must be approved by the Investigation Chair of the College and the assessment must address and be carried out pursuant to the terms as more particularly described in the Resolution and Order issued concurrently herewith;
  - b) completed remedial courses in both maintaining appropriate boundaries and professional ethics approved by the Investigation Chair of the College;
- 4) upon Dr. Ames' return to practice, conditions will be imposed upon his entitlement to practice medicine pursuant to S. 126 (1) (f) of the *RHPA*, as more particularly described in the Resolution and Order issued concurrently herewith;
- 5) Dr. Ames shall pay all costs arising from or incidental to the conditions as more particularly described in the Resolution and Order issued concurrently herewith including the costs of monitoring by the practice monitor and by the Investigation Committee;
- 6) if there is any disagreement between the parties respecting any aspect of the Orders of the Panel, the disagreement may be referred by either party to a Panel of the Inquiry Committee for further consideration, and the Inquiry Committee hereby expressly reserves jurisdiction for the purpose of resolving any such disagreement;
- 7) pursuant to S. 127 of the *RHPA*, Dr. Ames shall pay the College's costs of the investigation and inquiry in the amount of \$65,000, payable in full by certified cheque or by way of a trust cheque from Dr. Ames' lawyers;

- 8) there shall be publication as set out in the *RHPA* in the usual course as determined by the Registrar of the College in consultation with the Investigation Chair;
- 9) the College, at its sole discretion, may provide information regarding this disposition to such person(s) or bodies as it considers appropriate.

Dated this 8th day of March, 2022.

IN THE MATTER OF: THE REGULATED HEALTH PROFESSIONS ACT  
("RHPA");

AND IN THE MATTER OF: DR. DAVID HOWELL AMES, a member of the College  
of Physicians & Surgeons of Manitoba

**Inquiry Panel:**

Dr. Lewis Samuels, Chairperson

Dr. Hillel Sommer

Ms. Diana Yelland, Public Representative

**Counsel for the Investigation Committee of the College of Physicians & Surgeons  
of Manitoba:**

Lynne Arnason

Jocelyne Ritchot

**Counsel for the Member, Dr. David Howell Ames:**

Helga Van Iderstine

Richard Bars

**Counsel for the Inquiry Panel:**

Blair Graham

**RESOLUTION AND ORDER OF AN INQUIRY PANEL OF THE COLLEGE OF  
PHYSICIANS AND SURGEONS OF MANITOBA RE: PENALTIES**

## RESOLUTION AND ORDER

WHEREAS on September 23, 2021, an Inquiry Panel (the “Panel”) of the College of Physicians and Surgeons of Manitoba (the “College”) found Dr. David Howell Ames (“Dr. Ames”) guilty of:

- a. violating his ethical obligations to Patient A and of contravening Sections 1 and 12 of the Code of Ethics of the College and Section 8 of the College’s Standards of Practice by failing to maintain professional boundaries and by exploiting Patient A for his personal advantage, thereby committing acts of professional misconduct and engaging in conduct unbecoming a member of the College, as particularised in Count 1 (a) (i) to (iv) of the Amended Notice of Inquiry; and,
- b. attempting to mislead the College in both his written communications and in his interview with the Investigation Committee, thereby committing acts of professional misconduct and engaging in conduct unbecoming a member, as particularised in Count 2 (a), (b), and (c) of the Amended Notice of Inquiry;

AND WHEREAS the Panel ordered that a further hearing be convened before the Panel for the purpose of receiving the parties’ submissions with respect to the order or orders which should be issued by the Panel pursuant to the *Regulated Health Professions Act*;

AND WHEREAS a hearing before the Panel was convened for that purpose on January 21, 2022 by video conference in the presence of the parties and their counsel, and the Panel received evidence and heard submissions from counsel for the parties with respect to the orders which should be made under Sections 126 and 127 of the *Regulated Health Professions Act*;

AND WHEREAS the Panel has received and considered the evidence introduced and has heard and considered the submissions of the parties;

AND THEREFORE the Panel hereby orders and resolves that:

1. Dr. Ames is reprimanded pursuant to S. 126(1)(a) of the *RHPA*;
2. Dr. Ames is suspended from the practice of medicine for a period of six months from and after February 1, 2022 pursuant to S. 126(1)(b) of the *RHPA*;

3. notwithstanding the six-month suspension in paragraph 2, pursuant to S. 126 (1)(c) of the *RHPA*, Dr. Ames will remain suspended until such time that he has:
  - a) participated in an assessment by an assessor, who is a psychiatrist or psychologist with experience in assessing professionals who have committed boundary violations similar to those proven against Dr. Ames in these proceedings, and who is approved by the Investigation Chair of the College. The assessment must address:
    - i. what, if any, psychological or psychiatric conditions may have caused or contributed to the conduct referred to in the Decision dated September 23, 2021 (“the underlying conduct”);
    - ii. his remedial prospects; and
    - iii. his risk of reoffending;
  - b) the results of that assessment have been provided to the Investigation Chair for consideration as to what, if any, additional conditions should be imposed on his practice upon his return to practice to address the findings of that assessment; AND
  - c) completed remedial courses in both maintaining appropriate boundaries and professional ethics approved by the Investigation Chair of the College.

For the purposes of the multidisciplinary assessment:

- i. The Investigation Committee must provide to the Assessor any information in the possession of or available to the Investigation Committee pertaining to underlying conduct and the Decision of this Inquiry Panel and any other information in the possession of or available to the Investigation Committee which, in the Investigation Committee’s sole discretion, it considers relevant.
- ii. The Investigation Committee and Dr. Ames must each provide to the other a list of all information which is provided to the Assessor, and, upon request, copies of any items on the list.
- iii. The Investigation Committee must ask that the Assessor make any requests for clarification or for additional documents or information in writing so that they may be shared with both parties.
- iv. Dr. Ames must acknowledge and fully and frankly discuss with the Assessor all conduct pertaining to the underlying conduct, including any conduct that he did not admit but were proven and/or matters in respect to which he provided false or misleading information to the College during its investigation which is relevant to the proven allegations.

- v. The Investigation Committee may, at its sole discretion, directly contact the Assessor to discuss any matters pertaining to the assessment(s) and the Assessor may directly contact the Investigation Committee. If such direct contact occurs, Dr. Ames must be invited to participate in the discussion.
  - vi. The Assessor may provide to the Investigation Committee all information pertaining to and all reports resulting from the assessment. At the conclusion of the assessment, Dr. Ames or the Assessor must promptly provide to the Investigation Committee a current report from the Assessor in a form that is acceptable to the Investigation Chair. The report must address all issues to the satisfaction of the Investigation Chair, and must include an opinion on the risk of recurrence of misconduct in future practice.
4. Upon Dr. Ames' return to practice, the following conditions shall be imposed upon his entitlement to practice medicine pursuant to S. 126 (1)(f) of the *RHPA*:
- a. Dr. Ames will not engage in solo practice.
  - b. A practice monitor acceptable to the Investigation Chair must monitor Dr. Ames' practice as determined by the Investigation Chair, in whatever setting in which he is practicing, to monitor him from a safety perspective and his compliance with the remaining conditions as set out herein.
  - c. Dr. Ames will not communicate with patients outside of their attendance at the clinic or other facility at which he provides medical care, except for communicating to any patient abnormal test results, or where he is communicating with a patient about patient health issues that cannot reasonably be dealt with in a regularly scheduled appointment. He must document the details of any such communication in the patient's chart.
  - d. Dr. Ames must have an attendant present as a chaperone for encounters with female patients as determined by the Investigation Chair. The attendant must be present during the entire encounter and document the attendance of the chaperone in a form acceptable to the Investigation Chair.
  - e. Dr. Ames must place in the office reception and examination rooms conspicuous signage respecting the requirement for a chaperone in a form and with content acceptable to the Investigation Chair. Upon request, Dr. Ames must produce to the Investigation Chair records evidencing compliance with the chaperone and signage requirements.
  - f. Dr. Ames must notify all clinical and office staff at Dr. Ames' practice location(s) of the conditions imposed on his entitlement to practice medicine in a form and with content acceptable to the Investigation Chair.



- g. Dr. Ames' practice monitor must agree to provide the Investigation Chair with progress reports on a schedule and in a form determined by the Investigation Chair indicating compliance with the practice conditions set out above.
  - h. The Investigation Committee and/or the Investigation Chair shall:
    - i. monitor Dr. Ames' practice of medicine, including his compliance with the conditions herein;
    - ii. have full and complete authority to vary these terms and conditions, provided that:
      - 1. Dr. Ames will not apply for variance of any of these terms earlier than one year after his return to practice; and
      - 2. the onus is on Dr. Ames to prove that variance is in the public interest;
5. Dr. Ames shall pay all costs arising from or incidental to the conditions described herein and the monitoring by the Investigation Committee described above.
  6. If there is any disagreement between the parties respecting any aspect of the Inquiry Panel Order, the matter may be remitted by either party to a Panel of the Inquiry Committee for further consideration, and the Inquiry Committee hereby expressly reserves jurisdiction for the purpose of resolving any such disagreement.
  7. Pursuant to S. 127 Dr. Ames must pay to the College's costs of the investigation and inquiry in the amount of \$65,000.00 payable in full by certified cheque or Ames' lawyer's firm's trust cheque.
  8. The Panel recognizes that there will be publication as determined by the College in the usual course as set out in the *RHPA*, including Dr. Ames' name, as determined by the Registrar in consultation with the Investigation Chair.
  9. The College, at its sole discretion, may provide information regarding this disposition to such person(s) or bodies as it considers appropriate.

Dated this 8th day of March, 2022.